



City of Long Beach  
**Planning & Building Department**  
 333 W. Ocean Blvd., 4th Floor  
 Long Beach, CA 90802  
 (562) 570-6651 Fax: (562) 570-6753

# Mechanical Permit Application

APP-012 ver. 01.09.27

<b>PLEASE PRINT CLEARLY</b>					Project No.		Approved for PC Only					
1. PROJECT ADDRESS (NOT MAILING ADDRESS)					SUITE/UNIT NO.		DATE / /					
2. APPLICANT LAST NAME-FIRST NAME					PLEASE CHECK <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE / TENANT <input type="checkbox"/> AGENT FOR <input type="checkbox"/> DESIGNER <input type="checkbox"/> CONTRACTOR							
3. APPLICANT MAILING ADDRESS					E-MAIL ADDRESS							
4. CITY-STATE			ZIP		PHONE		FAX					
5. CONTRACTOR LAST NAME-FIRST NAME						STATE LICENSE NO. & TYPE						
6. CONTRACTOR MAILING ADDRESS					E-MAIL ADDRESS							
7. CITY-STATE			ZIP		PHONE		FAX					
8. CONTACT PERSON LAST NAME-FIRST NAME												
9. CONTACT PERSON MAILING ADDRESS					E-MAIL ADDRESS							
10. CITY-STATE			ZIP		PHONE		FAX					
11. DESCRIPTION OF WORK  <table style="width:100%; border: none;"> <tr> <td style="width:33%; vertical-align: top;"> <b>NUMBER TYPE FIXTURE OR ITEM</b>            _____ HEATING APPLIANCE            _____ AIR INLET/OUTLET            _____ AIR COND. COMP. &lt;=25 HP            _____ GAS/STEAM FIRED AIR COND. UNIT            _____ COMMERCIAL HOOD            _____ COOLING TOWER            _____ REFRIGERATION COMP. &lt;=25 HP*            _____ BOILER &lt;100K BTU            _____ UNDEVELOPED FLOOR &lt;100,000 SQ. FT.         </td> <td style="width:33%; vertical-align: top;"> <b>NUMBER TYPE FIXTURE OR ITEM</b>            _____ WOOD BURNING APPLIANCE            _____ SMOKE/FIRE DAMPER            _____ AIR COND. COMP. =26-50 HP            _____ EVAPORATIVE COOLER            _____ COMMERCIAL COOKING DUCT            _____ BATH/KITCHEN/DRYER DUCT            _____ REFRIGERATION COMP. 26-50 HP            _____ BOILER &gt;=100K BTU            _____ UNDEVELOPED FLOOR &gt;100,000 SQ. FT.         </td> <td style="width:33%; vertical-align: top;"> <b>NUMBER TYPE FIXTURE OR ITEM</b>            _____ APPLIANCE/CHIMNEY/VENT            _____ SMOKE DETECTOR            _____ AIR COND. COMP. &gt;50 HP            _____ FAN COIL/AIR HANDLER            _____ PRODUCT CONVEY VENT**            _____ PIPING SYSTEM            _____ REFRIGERATION COMP. &gt;50 HP            _____ ALTER/ADD SYSTEM            _____ FEE NOT LISTED         </td> </tr> </table> <p>* REQUIRES 1 PIPING SYSTEM &amp; AIR HANDLER      **COMMERCIAL/INDUSTRIAL/GARAGE EXHAUST      NOTE: VAV BOX IS NO CHARGE</p>									<b>NUMBER TYPE FIXTURE OR ITEM</b> _____ HEATING APPLIANCE _____ AIR INLET/OUTLET _____ AIR COND. COMP. <=25 HP _____ GAS/STEAM FIRED AIR COND. UNIT _____ COMMERCIAL HOOD _____ COOLING TOWER _____ REFRIGERATION COMP. <=25 HP* _____ BOILER <100K BTU _____ UNDEVELOPED FLOOR <100,000 SQ. FT.	<b>NUMBER TYPE FIXTURE OR ITEM</b> _____ WOOD BURNING APPLIANCE _____ SMOKE/FIRE DAMPER _____ AIR COND. COMP. =26-50 HP _____ EVAPORATIVE COOLER _____ COMMERCIAL COOKING DUCT _____ BATH/KITCHEN/DRYER DUCT _____ REFRIGERATION COMP. 26-50 HP _____ BOILER >=100K BTU _____ UNDEVELOPED FLOOR >100,000 SQ. FT.	<b>NUMBER TYPE FIXTURE OR ITEM</b> _____ APPLIANCE/CHIMNEY/VENT _____ SMOKE DETECTOR _____ AIR COND. COMP. >50 HP _____ FAN COIL/AIR HANDLER _____ PRODUCT CONVEY VENT** _____ PIPING SYSTEM _____ REFRIGERATION COMP. >50 HP _____ ALTER/ADD SYSTEM _____ FEE NOT LISTED	
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12. OCCUPANCY GROUP		TYPE OF CONSTRUCTION		CBC EDITION USED		NO. OF STORIES		CHANGE OF OCCUPANCY				
								FROM: TO:				
13. TOTAL SQUARE FEET OF THIS PROJECT												
COMM.			RES.			GAR.			MISC.			
14. VALUATION OF WORK COVERED BY THIS APPLICATION					NO. OF DWELLING UNITS		PRESENT USE		PROPOSED USE			
\$												
15. FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO			16. FIRE ALARM SYSTEMS <input type="checkbox"/> YES <input type="checkbox"/> NO			17. FIRE STANDPIPES <input type="checkbox"/> YES <input type="checkbox"/> NO						
18. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.								ISSUED BY (INITIALS)				
SIGNATURE:					DATE:							
<b>FOR DEPARTMENT USE ONLY</b>												
ZONE		SPECIAL SETBACK		SETBACKS F		S		R		CF TO PL		
										PAGE NO.		
								ZONING APPROVED <input type="checkbox"/> INT		PLANNING STAMP REQUIRED <input type="checkbox"/>		
NOTIFY THE CASHIER WITH ONE OF THE FOLLOWING: <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Contractor with Workers' Compensation  <input type="checkbox"/> Developer with Workers' Compensation  <input type="checkbox"/> Owner with Workers' Compensation         </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Contractor without Workers' Compensation  <input type="checkbox"/> Developer without Workers' Compensation  <input type="checkbox"/> Owner without Workers' Compensation         </td> </tr> </table>											<input type="checkbox"/> Contractor with Workers' Compensation <input type="checkbox"/> Developer with Workers' Compensation <input type="checkbox"/> Owner with Workers' Compensation	<input type="checkbox"/> Contractor without Workers' Compensation <input type="checkbox"/> Developer without Workers' Compensation <input type="checkbox"/> Owner without Workers' Compensation
<input type="checkbox"/> Contractor with Workers' Compensation <input type="checkbox"/> Developer with Workers' Compensation <input type="checkbox"/> Owner with Workers' Compensation	<input type="checkbox"/> Contractor without Workers' Compensation <input type="checkbox"/> Developer without Workers' Compensation <input type="checkbox"/> Owner without Workers' Compensation											
Workers' Compensation Company Name						Expiration Date / /			Policy No.			
This information is available in alternative format by request to the Development Services Center at (562) 570-6651 or (562) 570-6793 TDD. Visit our website at <a href="http://www.ci.long-beach.ca.us/plan">www.ci.long-beach.ca.us/plan</a>												